

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/230463

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	/		/				54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8		1		1			58						
9		2		1			59						
10		2		1			60						
11		0		4			61						
12		0		4			62						
13		0		0			63						
14		0		0			64						
15		0		0			65						
16		0		0			66						
17				0*			67						
18							68						
19							69						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		7				TOTAL IND.						
TOTAL DEP.	11		13				TOTAL DEP.						
TOTAL CLAIMS	18		22				TOTAL CLAIMS						